FORM D

Mail Seption SEC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

ANN O.S. VAINA

FORM D

Weahington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

143/91	67
OMB APP	ROVAL
OMB Number: Expires:	3235-0076
Estimated average l	
SEC USE	ONLY
Prefix	Serial
Date Re	ceived

Name of Offering (check if this is an amendment and name has changed, and indicate change	:.)	
Private Placement of shares of Common Stock		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6)	ULOE
Type of Filing: ☐ New Filing ☐ Amendment		
A. BASIC IDENTIFICATION DAT	`A	
Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)		
SiMPore, Inc.		
Address of Executive Offices [Number and Street, City, State, ZIP Code)	Telephone Number (ir	JACOBY COLOR DESIGNATION OF THE PROPERTY OF TH
150 Lucius Gordan Drive, Suite 100, West Henrietta, New York 14586	585-214-0585	T LOCKIY GATALIANIA GATIN OLOKY CAATA BIYOL KAAN OLIK KAAN
Address of Principal Business Operations [Number and Street, City, State, ZIP Code)	Telephone Number (it	! [66] 22/4/ [6] 22/4 616 42/4 619 4/4/4 61/4
Operations (if different from Executive Offices)		\$ \$00%;\\ 00\0\\$ \$0%;\\ 00\\\ 8\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		08047615
Brief Description of Business		00011010
Manufacturer of ultrathin nanoporous membrane filters and filtration products		
Type of Business Organization		
corporation limited partnership already formed other (please specify):		PROCESSED
business trust limited partnership, to be formed		
Month Year	· · · · · · · · · · · · · · · · · · ·	1010 0.5 2008
Actual or estimated Date of Incorporation or Organization: 01 07	🛛 Actual 🗌 Est	imated JUN 0 5 2008
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service	_ _	O DELITED
Abbreviation for State: CN for Canada;		THOMSON REUTER
FN for other foreign jurisdiction)	DE	

GENERAL INSTRUCTION

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC IDE	ENTIFICATION DATA		}						
2. Enter the information reques	sted for the following:									
 Each promoter of the issu 	uer, if the issuer has been org	anized within the past five years	s;							
 Each beneficial owner hequity securities of the is 		dispose, or direct the vote or di	sposition of, 10%	or more of a class of						
• Each executive officer	•	suers and of corporate general	and managing pa	rtners of partnership						
	issuers; and									
• Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: Pro	_	er 🛛 Executive Officer	☑ Director	General and/or Managing Partner						
Full Name (Last name first, if individ	lual):									
James Roussie	h 3 Charact City Cont. 71- 6	2.1.).	=							
Business or Residence Address (Num 280 Daley Road, Rochester, New Yor		Lode):								
			[Σ] D:	П с						
Check Box(es) that Apply: Pro		er	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individ	lual):									
Philippe Fauchet	A	7-1-1								
Business or Residence Address (Num		Lode):								
35 Greylock Ridge, Pittsford, New Yo			⊠ D'							
	omoter 🛛 Beneficial Own	er	☑ Director	General and/or Managing Partner						
Full Name (Last name first, if individ	lual):									
Christopher Striemer	10 0 0 7	2.1.	· · · · · · · · · · · · · · · · · · ·							
Business or Residence Address (Num		Code):								
26 Jennie Lane, Rochester, New York		5 4 P 0.00	[7] n							
Check Box(es) that Apply: Pro		er 🛛 Executive Officer	☑ Director	General and/or Managing Partner						
Full Name (Last name first, if individ	lual):									
Thomas Gaborski	1. 10 0. 0. 0. 7. 0	3. 1.)								
Business or Residence Address (Num		Lode):								
10 Regent Street, Rochester, New Yo		Mr or .	K2 p:	□ c						
Check Box(es) that Apply: Pro		er 🛛 Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if individ James McGrath	fual):									
Business or Residence Address (Num	shar and Street City State 7in (Toda):								
2 Shrewsbury Lane, Fairport, New Yo	ork 14450									
	omoter Beneficial Own	er 🛛 Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individ Richard D. Richmond	lual):									
Business or Residence Address (Num		Code):								
3483 Lakeview Lane, Canandaigua, N	New York 14424									
Check Box(es) that Apply: Pro	omoter	er Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individ	lual):									
Business or Residence Address (Num	aber and Street, City, State, Zip C	Code):	*							
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)										

					B. INF	ORMA'	TION AI	BOUT O	FFERIN	G				
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?									•••••	Yes	No			
Answer also in Appendix, Column 2, if filing under ULOE.														
2.What	is the mi	inimum i	nvestmer	ıt that wil	l be acce	pted fron	n any ind	ividual			• • • • • • • • • • • • • • • • • • • •	•••••	\$	10,000
													Yes	No
3. Do	es the of	fering pe	rmit joint	ownersh	ip of a si	ngle unit	?	***********						\boxtimes
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)									curities in large					
Busine	ss or Res	idence A	ddress (N	lumber a	nd Street,	City, Sta	ate, Zip C	Code)						
Name o	of Associ	ated Bro	ker or De	aler										
			isted Has leck indiv									All States		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Na	ime (Last	t name fir	rst, if ind	ividual)		•••						<u> </u>		
Busine	ss or Res	idence A	ddress (N	lumber a	nd Street,	City, Sta	ate, Zip C	Code)				<u> </u>		
Name	of Associ	ated Bro	ker or De	aler										
States	n Which	Person I	isted Ha	s Solicite	d or inter	ids to So	licit Purc	haser						
												A	All States	
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI] Full Na	[SC] ime (Lasi	[SD] t name fir	[TN] rst, if indi	[TX] ividual)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
					- 1 C+	Circ. C:	··· 7' ^	la del		 				
Busine	ss or Kes	idence A	ddress (N	umper a	ia Street,		aie, Zip C	odej						
Name o	of Associ	ated Bro	ker or De	aler				-						
States in Which Person Listed Has Solicited or intends to Solicit Purchaser (Check "All States" or check individual States)									All States					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AT	ND U	SE OF PROCEEI)S		
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the column below the amounts of the securities offered for exchange and already exchanged.					
Type of Security		ggregate Offering Price	g Amount Already Sold		
Debt	_		\$		
Equity	\$_	1,250,000	\$.	1,250,000	
☐ Common ☐ Preferred	_				
Convertible Securities (including warrants)	\$_		\$.		
Partnership Interests	\$_		\$.		
Other (Specify)	\$ _	<u> </u>	\$.	<u> </u>	
Total	\$ _	1,250,000	\$ _	1,250,000	
Answer also in Appendix, Column 3, if filing under ULOE					
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".					
		Number Investors		Aggregate Dollar Amount of Purchases	
Accredited Investors	_		\$		
Non-accredited Investors	_		\$		
Total (for filings under Rule 504 only)			\$		
Answer also in Appendix, Column 4, if filing under ULOE					
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Offering		Type of Security		Dollar Amount Sold	
Rule 505	_		\$		
Regulation A			\$		
Rule 504	_		\$		
Total	_		\$.		
4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
Transfer Agent's Fees			\$	0	
Printing and Engraving Costs		⊠		500	
Legal Fees		⊠	-	10,000	
Accounting Fees		\boxtimes	_	2,000	
Engineering Fees			ď.	2,000	
Sales Commissions (Specify finder's fees separately)			.	0	
Other Expenses (identify) Administration		⊠	۵.		
		⊠	\$_	2,500	
Total			\$	15,000	

	•	NUMBER OF INVESTORS, EXPENSES A	ND U	SE OF PROCI	EEDS	<u> </u>	
b.		gate offering price given in response to Part					
		hed in response to Part C-Question 4.a. This		1 226 000			
	difference is the adjusted gross proceed	ds to the issuer."	\$	1,235,000			
5.	proposed to be used for each of the purp not known, furnish an estimate and ch	justed gross proceed to the issuer used or coses shown. If the amount for any purpose is eck the box to the left of the estimate. The the adjusted gross proceeds to the issuer set above.		D			
				Payments to Officers,			
				Directors,			Payments To
				& Affiliate			Others
	Salaries and fees		\$	cc /tilliaic	П	¢	Oulcis
			\$		\exists	\$ - \$	
		on of machinery and equipment	\$		H	\$ - \$	
	Construction or leasing of plant building	gs and facilities	\$		П	\$	
	Acquisition of other businesses (include	ding the value of securities involved in this			_	`-	
	offering that may be used in exchange	for the assets or securities of another issuer					
			\$			\$_	
			\$			\$_	
	• •		\$		\boxtimes	\$_	1,235,000
	Other (specify)		\$			\$_	
			\$			\$_	
			\$			\$_	
			\$			\$_	
	Total Payments Listed (column totals ac	lded)	\$			\$_	
		D. FEDERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·	···			
fol	owing signature constitutes an undertaki	signed by the undersigned duly authorized persing by the issuer to furnish to the U.S. Securit by the issuer to any non-accredited investor personal by the undersigned duly authorized personal by the undersigned duly authorized personal by the undersigned duly authorized personal by the issuer to furnish to the U.S. Security and the undersigned duly authorized personal by the issuer to furnish to the U.S. Security and the undersigned duly authorized personal by the issuer to furnish to the U.S. Security and the undersigned duly authorized personal by the issuer to furnish to the U.S. Security and the undersigned duly authorized personal by the issuer to any non-accredited investor personal by the issuer to accredit the undersity and the und	ies an	d Exchange Co	mmis	sior	, upon written
	ier (Print or Type)	Signature D Richmond	Date				
	IPore, Inc.	1 1000	May :	30, 2008			
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)					
Ric	hard D. Richmond	Chief Executive Officer					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

